



Medicare D-SNP Provider Resource Guide

D-SNP 101



Provider Communications

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What is happening January 1, 2023

The **Cal MediConnect plan** (Medicare-Medicaid plan) was developed to help the nation's lowest-income individuals – those who qualify for both Medicare and Medi-Cal (i.e., dual eligible members).

Dual-Eligible Special Needs Plan (D-SNP) look-alike (LAL) plans are Medicare Advantage (MA) plans that are designed specifically to attract dual eligible beneficiaries who have secondary coverage through Medi-Cal.

Effective January 1, 2023, both plans are ending.

D-SNP plans in certain counties will transition to the Exclusive Aligned Enrollment (EAE) D-SNP if available.

Members enrolled in	Will transition to
Cal MediConnect	<ul style="list-style-type: none">Wellcare By Health Net EAE D-SNP HMO AND <ul style="list-style-type: none">Health Net Medi-Cal
D-SNP LAL	Either to an EAE, unaligned D-SNP or a non-D-SNP MA plan based on their eligibility.
D-SNP in Los Angeles, Riverside, San Benardino, or San Deigo	<ul style="list-style-type: none">Wellcare By Health Net EAE D-SNP HMO AND <ul style="list-style-type: none">Health Net Medi-Cal

What are D-SNP and EAE D-SNP?

- Dual Special Needs Plans (D-SNPs) – Medicare Advantage (MA) plans that provide specialized care to beneficiaries dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services. States and health plans may vary in determining their eligibility categories.
- EAE D-SNP – D-SNPs where enrollment is limited to D-SNP members who are also enrolled in the affiliated Medi-Cal managed care plan by the same parent organization.



What plans are my patients transitioning to?

Refer to the Member Plan Crosswalk on the D-SNP Resource for Providers page at healthnet.com/providers/DSNP.

D-SNP Resources for Providers

On January 1, 2023, members enrolled in Health Net Cal MediConnect (Medicare-Medicaid Plan), or a dual eligible Special Needs Plan (D-SNP) "look alike," will transition to another plan that provides:

- **An integrated approach to care coordination:** A dedicated care team works in coordination with you – the member's provider – to ensure all the member's health needs are met.
- **Extra resources and support:** D-SNP plans offer other benefits that can't be received through original Medicare, including preventive dental and vision care, prescription drug benefits, coverage for over-the-counter health items, and more.

The content included in this section is intended to serve as a guide for providers who will be impacted by this transition in 2023. On this page you will find information, including questions and answers, trainings, communications, and more. This section will be updated as new information and guidance becomes available.

D-SNP FAQs

What you need to know about D-SNP.

D-SNP FAQs

Trainings And Webinars

What you need to know about D-SNP-related trainings and webinar sessions including office hours.

Coming soon

Communications

Stay informed on the latest news and information for you and your patients.

Communication resources

Historical Information

Content that is no longer needed or relevant.

Coming soon

Member Plan Crosswalk

Refer to member plan crosswalk to determine which plan they will transition to in 2023.

Coming soon

Live screens may look different than pictured here.



Will my eligibility file be updated?

- Header Record – Filler (Screen shot below)
- Detail Record – Other Health Coverage (OHC) Policy ID and Filler
- COB Record – OHC element to show the Medi-Cal plan data when the member is on the Health Net Medi-Cal plan. (Screen shot below)
- Trailer Record – Filler

Header Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"1" = Header record
Title	002-009	X(8)	"ELIG HDR"
Info Effective Date	010-017	X(8)	CCYYMMDD, effective date
Provider Type	018-018	X(1)	"M" = Medical Provider - "H" = Hospital Provider
Provider ID	019-022	X(4)	PPG, or Hospital Number
Provider Name	023-055	X(33)	PPG, or Hospital Name
Address	056-080	X(25)	PPG, or Hospital Address
City	081-097	X(17)	PPG, or Hospital City
State	098-099	X(2)	PPG, or Hospital State
Zip Code	100-108	X(9)	PPG, or Hospital Zip Code
Filler	109-441	X(333)	Blank Spaces (Not Used)

COB Record

Field Name	Position	Format	Description
Record Type	001-001	X(1)	"3" = COB Record
COB Carrier ID	002-009	X(8)	COB ID
COB Carrier Name	010-039	X(30)	COB Carrier Name
OHC Address 1	040-064	X(25)	Carrier Address 1
OHC Address 2	065-089	X(25)	Carrier Address 2
OHC City	090-106	X(17)	Carrier City
OHC State	107-108	X(02)	Carrier State
OHC Zip Code	109-119	X(11)	Carrier Zip Code
Carrier phone 1	120-134	X(15)	Carrier Phone 1
Carrier phone 2	135-149	X(15)	Carrier Phone 2
Carrier phone 3	150-164	X(15)	Carrier Phone 3
OHC Remark 1	165-214	X(50)	OHC Remark 1
OHC Remark 2	215-264	X(50)	OHC Remark 2
Filler	265-441	X(177)	Blank Spaces (Not Used)

Live screens may look different than pictured here.

Eligibility verification for Medi-Cal plans

Wellcare By Health Net has EAE D-SNP in the following counties:

- ✓ Los Angeles
- ✓ San Bernardino
- ✓ Riverside
- ✓ San Diego

Members enrolled in EAE D-SNP will be enrolled in a Health Net Medi-Cal plan.

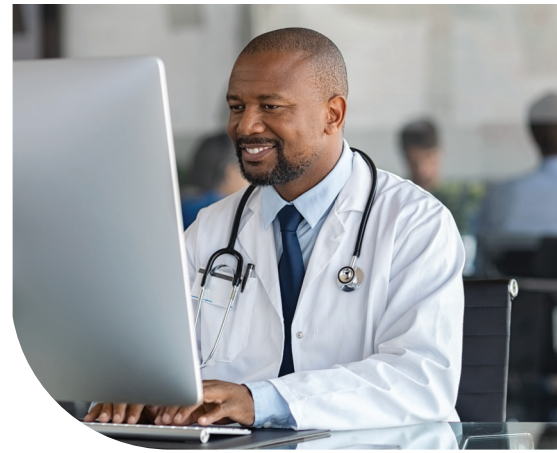
Wellcare By Health Net has D-SNP in other counties, as well. However, Health Net may not have a Medi-Cal plan in the applicable county. To coordinate care and benefits, providers need to verify the Medi-Cal plan the member is enrolled in.

To check Medi-Cal eligibility, use the Department of Health Care Services online Automated Eligibility Verification tool. Instructions to access and interpret results can be found in the **provider library**.

What do I need to know about claims?

The most important thing to remember is that the D-SNP member cannot be balance billed for any services. Here are some other scenarios you may have questions about.

Scenario	Solution
When the participating physician group is at risk to pay for Medicare but not for Medi-Cal:	Complete the payment based on your Division of Financial Responsibility (DOFR) and submit the non-covered portion to Health Net using the information provided on the Medicare eligibility files.
When the Plan is at risk to pay for both Medicare and Medi-Cal:	<ul style="list-style-type: none">• The Medi-Cal/coordination of benefits (COB) will automatically be processed.• Evidence of payment (EOP)/Remittance Advice (RA) for the Medicare payment will advise of the automatic coordination.• A second EOP/RA will be sent after the Medi-Cal payment is processed.



What's different about Model of Care and care coordination?

Health Net and our contracted providers continue to be responsible for coordinating care for members. The member is not responsible for care coordination.

Care coordination includes the following:

- Medicare and Medi-Cal covered services
- Community supports
- Medi-Cal Fee For Service (FFS)/Carved out benefits.

Be on the lookout for updated Model of Care training coming soon in early 2023.

What's different about continuity of care?

Durable Medical Equipment and medical supplies continuity of care requirements

D-SNPs must make sure members have access to medically necessary Medicare-covered Durable Medical Equipment (DME) and medical supplies. In addition, D-SNPs must comply with the following requirements:

- **Members joining a D-SNP with existing DME rentals** must be allowed to keep their existing rental equipment until the D-SNP can evaluate the member, equipment is in the possession of the member, and ready for use.
 - After 90 days, and
 - When the D-SNP is able to reassess the member, and, if medically necessary, authorize a new rental and have an in-network provider deliver the medically necessary rental.
- **Members joining a D-SNP that have an open authorization** to receive Medicare covered medical supplies may continue to use their existing provider:
 - For 90 days, and
 - Until the D-SNP can reassess the member, and, if medically necessary, authorize supplies and have an in-network provider deliver the medically necessary supplies.

For the most up to date information, refer to the **DHCS CalAIM Dual Eligible Special Needs Plans Policy Guide**.



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Primary care and specialty providers continuity of care requirements

Upon member request, or a request by another authorized person, D-SNPs must offer continuity of care with out-of-network Medicare providers to all members **if all of the following** circumstances exist:

- A member has an existing relationship with a primary or specialty care provider;
- The provider is willing to accept, at a minimum, payment from the D-SNP based on the current Medicare fee schedule, as applicable; and
- The provider does not have any documented quality-of-care concerns that would cause the D-SNP to exclude the provider from its network.

Scenario	Solution
If the member leaves the D-SNP and later rejoins the D-SNP:	The D-SNP must offer the member a 12-month continuity of care period based on the date of re-enrollment, regardless of whether the member received continuity of care in the past.
If a member changes D-SNPs:	The continuity of care period may begin again one time.
If the member changes D-SNPs a second time (or more):	The continuity of care period does not begin again, meaning the D-SNP is not required to offer the member a new 12-month continuity of care period.

For the most up to date information, refer to the **DHCS CalAIM Dual Eligible Special Needs Plans Policy Guide**.

Attention hospitals and skilled nursing facilities!

Contracted hospitals and skilled nursing facilities (SNFs) must use one of the following methods, in a timely manner, to inform the member's D-SNP and the Medi-Cal plan, of any hospital or SNF admission, transfer or discharge. Hospitals and SNFs must use either:

- A secure email or data exchange through a Health Information Organization, or
- An electronic process approved by Department of Health Care Services (DHCS).

This information must be shared to the extent allowed, under applicable federal and state law and regulations, and not be inconsistent with the member's expressed privacy preferences.

Additional guidance from DHCS on this regulatory requirement is pending.



Prior authorization: do I need to submit a new one for a patient who is transitioning to a new plan?

Active authorization must be done by providers to transition **with** the member to their new plan in 2023 under the same provider group to alleviate member and provider abrasion

Pharmacy/Rx authorizations will be migrated to the new 2023 plans.

Submitting referrals for Medi-Cal covered services has been made easy

The provider portal at provider.healthnetcalifornia.com is updated to include the following referral options under Case Management.

- Community Based Adult Services (CBAS) formerly known as Adult Day Health Care
- In-Home Supportive Services
- Multi- Purpose Senior Services Program
- Home & Community Based Services

Get familiar with the Wellcare By Health Net Dual Align member ID card

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Additional resources and questions

Topic	Description	Resource
Member benefits	Providers tools and resources to help your patients view their benefits including their Evidence of Coverage, Dental and Optional Supplemental Benefits. Select Medicare for the plan type and enter their Zip Code.	wellcare.healthnetcalifornia.com/plan-benefit-materials.html
Access to community supports	Provides tools and resources to help providers easily navigate the CalAIM program so they can better serve our members. Wellcare Dual Align 129 (HMO D-SNP) have access to these services.	healthnet.com/content/healthnet/en_us/providers/support/calaim-resources.html#info.html
D-SNP Resources for Providers	Provider tools and resources to help guide providers who will be impacted by the January 1, 2023. On this page you will find information, including questions and answers, trainings, communications, and more.	healthnet.com/providers/DSNP

If you have questions regarding this transition, contact the Provider Services Center within 60 days at 800-929-9224.